

# Senate Study Bill 1041

SENATE FILE \_\_\_\_\_  
BY (PROPOSED COMMITTEE ON  
HUMAN RESOURCES BILL  
BY CO=CHAIRPERSON RAGAN)

Passed Senate, Date \_\_\_\_\_ Passed House, Date \_\_\_\_\_  
Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_ Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_  
Approved \_\_\_\_\_

## A BILL FOR

1 An Act relating to the provision under a group health insurance  
2 policy or health maintenance organization contract for  
3 compensation of podiatrists.  
4 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:  
5 TLSB 1679SC 81  
6 av/pj/5

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1 1 Section 1. Section 509.3, Code 2005, is amended by adding  
1 2 the following new subsection:  
1 3 NEW SUBSECTION. 8. A provision shall be made available to  
1 4 policyholders, under group policies covering hospital,  
1 5 medical, or surgical expenses for payment of necessary medical  
1 6 or surgical care and treatment, as well as drug prescriptions,  
1 7 provided by a person licensed to practice podiatry under  
1 8 chapter 149, if the care and treatment are provided within the  
1 9 scope of the person's license and if the policy would pay for  
1 10 the care and treatment if the care and treatment were provided  
1 11 by a person engaged in the practice of medicine and surgery as  
1 12 licensed under chapter 148 or 150A. The policy shall provide  
1 13 that the policyholder may reject the coverage or provision if  
1 14 the coverage or provision for similar services which may be  
1 15 provided by a podiatric physician is rejected for all  
1 16 providers of services as licensed under chapter 148, 149, or  
1 17 150A. This subsection applies to group policies delivered or  
1 18 issued for delivery on or after July 1, 2005, and to existing  
1 19 group policies on their next anniversary or renewal date, or  
1 20 upon expiration of the applicable collective bargaining  
1 21 contract, if any, whichever is later. This subsection does  
1 22 not apply to blanket, short-term travel, accident-only,  
1 23 limited or specified disease, or individual or group  
1 24 conversion policies, or policies designed only for issuance to  
1 25 persons for coverage under Title XVIII of the federal Social  
1 26 Security Act, or any other similar coverage under a state or  
1 27 federal government plan.

1 28 Sec. 2. Section 509.3, unnumbered paragraph 2, Code 2005,  
1 29 is amended to read as follows:

1 30 In addition to the provisions required in subsections 1  
1 31 through 7 8, the commissioner shall require provisions through  
1 32 the adoption of rules implementing the federal Health  
1 33 Insurance Portability and Accountability Act, Pub. L. No.  
1 34 104=191.

1 35 Sec. 3. Section 514B.1, subsection 5, Code 2005, is  
2 1 amended by adding the following new paragraph:

2 2 NEW PARAGRAPH. e. The health care services available to  
2 3 enrollees under prepaid group plans covering hospital,  
2 4 medical, or surgical expenses shall include a provision for  
2 5 payment of necessary medical or surgical care and treatment as  
2 6 well as drug prescriptions provided by a person licensed to  
2 7 practice podiatry under chapter 149, if performed within the  
2 8 scope of the person's license and the plan would pay for the  
2 9 care and treatment when the care and treatment were provided  
2 10 by a person engaged in the practice of medicine or surgery as  
2 11 licensed under chapter 148 or 150A. The plan shall provide  
2 12 that the plan enrollees may reject the coverage for services  
2 13 which may be provided by a podiatric physician if the coverage  
2 14 is rejected for all providers of similar services as licensed  
2 15 under chapter 148, 149, or 150A. This paragraph applies to

2 16 services provided under plans made on or after July 1, 2005,  
2 17 and to existing group plans on their next anniversary or  
2 18 renewal date, or upon the expiration of the applicable  
2 19 collective bargaining contract, if any, whichever is the  
2 20 later. This paragraph does not apply to enrollees eligible  
2 21 for coverage under Title XVIII of the federal Social Security  
2 22 Act or any other similar coverage under a state or federal  
2 23 government plan.

2 24 EXPLANATION

2 25 This bill establishes provisions under group insurance  
2 26 policies and health maintenance organization contracts to  
2 27 require that if the policy or available health care services  
2 28 currently cover or include care and treatment, as well as drug  
2 29 prescriptions, if provided by a person licensed to practice  
2 30 medicine and surgery under Code chapter 148 or a person  
2 31 licensed to practice osteopathic medicine and surgery under  
2 32 Code chapter 150A, the plan or health care services available  
2 33 shall also allow for provision of the care and treatment, as  
2 34 well as drug prescriptions, by a podiatrist. The bill also  
2 35 requires that the care or treatment be within the scope of  
3 1 practice of the podiatrist. The requirement applies to  
3 2 policies delivered and issued and services provided under  
3 3 plans on or after July 1, 2005, and to existing plans on the  
3 4 latter of the anniversary, renewal, or expiration of a  
3 5 collective bargaining contract.  
3 6 LSB 1679SC 81  
3 7 av/pj/5